



# Windhorse Zen Community

580 Panther Branch Road, Alexander, NC 28701 Telephone: (828)645-8001

E-mail: [windhorse@windhorsezen.org](mailto:windhorse@windhorsezen.org) Website: [www.windhorsezen.org](http://www.windhorsezen.org)

## Training Program Application

Training programs at Windhorse Zen Community give people the opportunity to enter into a full schedule of daily zazen, work practice, sesshin (Zen retreats), and ceremonies, with dokusan usually available twice weekly. Training fees are \$400.00 per month, which includes all retreat fees, as well as meals and lodging. Students and those experiencing financial hardship may apply for a reduced fee.

We ask that all trainees and residents maintain their own health insurance.  
Proof of insurance is required.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Period applying for \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Street \_\_\_\_\_ Phone (W) \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Present occupation \_\_\_\_\_  
Marital status \_\_\_\_\_ Number of children \_\_\_\_\_ Ages \_\_\_\_\_

### Emergency contact information:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member of Windhorse Zen Community? \_\_\_\_\_

Are you currently, or have you ever been, affiliated with any other Dharma groups? \_\_\_\_\_

If so, which ones, and for how long? \_\_\_\_\_

Do you currently have a regular meditation practice? \_\_\_\_\_

If so, how long have you been practicing? \_\_\_\_\_

Please describe any skills and/or life experience you have that might be put to good use at Windhorse? (Attach sheet if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Windhorse Zen Community  
Medical Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION:** Please answer the following questions, using additional paper if necessary. For many reasons it is important that all information be specific, current, and inclusive. This information is kept confidential, and is solely for the teachers' use. (If for some reason you would like to speak privately with one of the teachers, this can also be arranged.)

1. Briefly describe any physical or mental health conditions you have that require regular care or medication. \_\_\_\_\_
  
2. List any medications you are currently taking under a doctor's prescription, and the reasons for their use. \_\_\_\_\_
  
3. List any major surgeries, hospitalizations or institutionalizations (for any reason, and for any length of time). \_\_\_\_\_
  
4. Are you in psychotherapy at this time? \_\_\_\_\_
  
5. Describe any significant problems you are having with your back, neck, or legs that might affect your sitting. \_\_\_\_\_  
\_\_\_\_\_
  
6. Describe any other conditions that we should be aware of, such as: pregnancy, menstrual difficulties, snoring, chronic headaches, current illnesses, etc. \_\_\_\_\_  
\_\_\_\_\_
  
7. Describe any dietary considerations. If you have food allergies, please give some indication of their seriousness. \_\_\_\_\_

8. Describe any other allergies (including allergic reactions to drugs). \_\_\_\_\_

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Also, please be sure to let us know of any medical conditions that arise after you have submitted this application.